Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
|----|--|--|---|--|--|
| 1. | Your full name | | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or | Tiffany First Name L. | First Name | | |
| | passport). | Middle Name | Middle Name | | |
| | | Cairo | | | |
| | Bring your picture identification to your meeting | Last Name | Last Name | | |
| | with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) | | |
| 2. | All other names you | | | | |
| | have used in the last 8 years | First Name | First Name | | |
| | Include your married or | Middle Name | Middle Name | | |
| | maiden names. | Last Name | Last Name | | |
| 3. | Only the last 4 digits of | | | | |
| | your Social Security | xxx - xx - <u>8</u> <u>4</u> <u>9</u> <u>1</u> | xxx - xx | | |
| | number or federal Individual Taxpayer | OR | OR | | |
| | Identification number | 9xx - xx - | 9xx - xx - | | |

(ITIN)

| Deb | otor 1 Tiffany L. Cairo | | Case number (if known) |
|-----|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 4. | Any business names and Employer | ✓ I have not used any business names or EIN | s. I have not used any business names or EINs. |
| | Identification Numbers (EIN) you have used in the last 8 years | Business name | Business name |
| | Include trade names and | Business name | Business name |
| | doing business as names | Business name | Business name |
| | | | |
| | | | |
| 5. | Where you live | EIN | If Debtor 2 lives at a different address: |
| J. | Where you live | 9600 N. EM 620 # 1222 | ii Debioi 2 lives at a ullierent address. |
| | | 8600 N. FM 620 # 1232 Number Street | Number Street |
| | | | |
| | | Austin TX 78726 | · · · · · · · · · · · · · · · · · · · |
| | | City State ZIP Code | City State ZIP Code |
| | | Travis County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address. |
| | | Number Street | Number Street |
| | | P.O. Box | P.O. Box |
| | | City State ZIP Code | City State ZIP Code |
| 6. | Why you are choosing | Check one: | Check one: |
| | this district to file for bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | I have another reason. Explain. (See 28 U.S.C. § 1408.) | I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| Pa | art 2: Tell the Court | About Your Bankruptcy Case | |
| 7. | The chapter of the Bankruptcy Code you are choosing to file | Check one: (For a brief description of each, see N for Bankruptcy (Form 2010)). Also, go to the top or | otice Required by 11 U.S.C. § 342(b) for Individuals Filing f page 1 and check the appropriate box. |
| | under | Chapter 7 | |
| | | Chapter 11 | |
| | | Chapter 12 | |
| | | Chapter 13 | |

| Deb | otor 1 Tiffany L. Cairo | | Case number (if known) | | | | | | |
|-----|---|------------------------|---|---|--|--|--|--|--|
| 8. | How you will pay the fee | coui pay | Il pay the entire fee when I file my per rt for more details about how you may p with cash, cashier's check, or money or alf, your attorney may pay with a credit | ay. Typically, if your cattorned | u are paying the fee yourself, you may by is submitting your payment on your | | | | |
| | | | I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). | | | | | | |
| | | By la than fee i | quest that my fee be waived (You may aw, a judge may, but is not required to, a 150% of the official poverty line that a in installments). If you choose this opti- ing Fee Waived (Official Form 103B) and | waive your fee, and oplies to your family on, you must fill out | d may do so only if your income is less y size and you are unable to pay the the Application to Have the Chapter 7 | | | | |
| 9. | Have you filed for | ☑ No | | | | | | | |
| | bankruptcy within the last 8 years? | ☐ Yes | | | | | | | |
| | | District _ | | When | Case number | | | | |
| | | District _ | | | Case number | | | | |
| | | 5 | | | D/YYYY | | | | |
| | | District _ | | When MM / DI | Case number | | | | |
| 10. | Are any bankruptcy | ☑ No | | | | | | | |
| | cases pending or being filed by a spouse who is | ☐ Yes | | | | | | | |
| | not filing this case with you, or by a business | Debtor _ | | R | elationship to you | | | | |
| | partner, or by an | District _ | | When | Case number, | | | | |
| | affiliate? | | | MM / DI | D/YYYY if known | | | | |
| | | Debtor _ | | R | elationship to you | | | | |
| | | District _ | | When MM / DI | Case number, if known | | | | |
| 11. | Do you rent your residence? | □ No. ☑ Yes | | on judgment agains | st you? | | | | |
| | _ | | ✓ No. Go to line 12.✓ Yes. Fill out Initial Statement A and file it as part of this bankrut | | idgment Against You (Form 101A) | | | | |

| Deb | otor 1 | Tiffany L. Cairo | | | Case number (i | if known) | | |
|-----|---|---|-------------------------------|--|--|----------------|----------------------|------------------------|
| P | art 3: | Report About Ar | ıy Bı | ısine | sses You Own as a Sole Proprietor | | | |
| 12. | 12. Are you a sole proprietor of any full- or part-time business? | | | | Go to Part 4. Name and location of business | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or | | | | Name of business, if any Number Street | | | |
| | LLC. | 71 | | | | | | |
| | - | nave more than one oprietorship, use a | | | City | State | ZIP Cod | de |
| | separa | te sheet and attach it | | | Check the appropriate box to describe your business: | | | |
| | to this | petition. | | | Health Care Business (as defined in 11 U.S.C. § Single Asset Real Estate (as defined in 11 U.S.C. § Stockbroker (as defined in 11 U.S.C. § 101(53A) Commodity Broker (as defined in 11 U.S.C. § 1010 None of the above | C. § 101(51B)) | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business | | | ou are filing under Chapter 11, the court must know whether you are a small business debtor so that it set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your st recent balance sheet, statement of operations, cash-flow statement, and federal income tax return any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). | | | | |
| | debtor | debtor? | | No. | I am not filing under Chapter 11. | | | |
| | | For a definition of small business debtor, see | | No. | I am filing under Chapter 11, but I am NOT a small bu the Bankruptcy Code. | siness debtor | accordin | g to the definition in |
| | 11 U.S.C. § 101(51D). | | Yes. | I am filing under Chapter 11 and I am a small busines Bankruptcy Code. | s debtor acco | rding to th | ne definition in the | |
| P | art 4: | Report If You Ov | vn oı | r Hav | e Any Hazardous Property or Any Property | y That Need | ds Imm | ediate Attention |
| 14. | proper alleged immine | own or have any ty that poses or is to pose a threat of ent and identifiable | | No Yes. | What is the hazard? | | | |
| | hazard to public health or safety? Or do you own any property that needs immediate attention? | | | | If immediate attention is needed, why is it needed? | | | |
| | perisha livesto | ample, do you own able goods, or ck that must be fed, or | oods, or t must be fed, or | | Where is the property? | | | |
| | a build repairs | ing that needs urgent ? | | | | | | |
| | | | | | Citv | | State | ZIP Code |

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| ☐ I am not require credit counselin | d to receive a briefing about g because of: |
|--|---|
| ☐ Incapacity. | I have a mental illness or a me |

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 | Tiffany L. Cairo | | | | | Cas | se number (if k | nowr | n) | |
|-----|-----------------|--|--|-------------------------------------|--|------|--|-----------------|-------|--|-----|
| P | art 6: | Answer These Q | uesti | ons fo | or Reporting Pu | pos | es | | | | |
| 16. | What k have? | ind of debts do you | 16a. | as "ind | our debts primarily curred by an individu No. Go to line 16b. Yes. Go to line 17. | | | | | re defined in 11 U.S.C. § 101(usehold purpose." | (8) |
| | | | 16b. Are your debts primarily business debts? Business debts are debts that you incurred money for a business or investment or through the operation of the business or investment or business or investment or through the operation of the business or investment or business or investment or through the operation of the business or investment or business or investment or through the operation of the business or investment or through the opera | | | | | | • | ain | |
| | | | 16c. | State | the type of debts you | J OW | e that are not co | nsumer or bus | iness | debts. | |
| 17. | Are yo | u filing under er 7? | | No. I | am not filing under | Chap | ter 7. Go to line | ÷ 18. | | | |
| | • | ı estimate that after empt property is ed and | 7 | | · · | | • | | • | cempt property is excluded ar to distribute to unsecured cre | |
| | admini | strative expenses | | E | √ No | | | | | | |
| | availab | paid that funds will be ilable for distribution insecured creditors? | | [| Yes | | | | | | |
| 18. | | nany creditors do timate that you | | 1-49 50-99 100-199 200-999 | | | 1,000-5,000 5,001-10,000 10,001-25,000 | | | 25,001-50,000 50,001-100,000 More than 100,000 | |

estimate your assets to

19. How much do you

be worth?

20. How much do you estimate your liabilities to be?

\$500,001-\$1 million

\$500,000,001-\$1 billion

\$100,000,001-\$500 million

\$1,000,000,001-\$10 billion

\$10,000,000,001-\$50 billion

Part 7:

Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| X /s/ Tiffany L. Cairo | X |
|-------------------------------|-----------------------|
| Tiffany L. Cairo, Debtor 1 | Signature of Debtor 2 |
| Executed on 05/07/2019 | Executed on |
| MM / DD / YYYY | MM / DD / YYYY |

Debtor 1 Tiffany L. Cairo Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Elizabeth Hickson | Date | |
|----------------------------------|-------------|-----------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| | | |
| Elizabeth Hickson | | |
| Printed name | | |
| Hickson Law P.C. | | |
| Firm Name | | |
| 4833 Spicewood Springs Rd | | |
| Number Street | - | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Austin | TX | 78759 |
| Austin City | TX State | 78759 ZIP Code |
| | | |
| City | State | ZIP Code |
| 10.00.00 | State | |
| City | State | ZIP Code |

| Fill in this i | information to ic | lentify your case | e and this filing: | | |
|--------------------------------------|---|---|---|---|--------------------------|
| Debtor 1 | Tiffany | L. | Cairo | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filir | ng) First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for | the: WESTERN DI | STRICT OF TEXAS | | |
| Case number | | | | ☐ Chack | if this is an |
| (if known) | | | | _ | led filing |
| O#:-:-! F | 4.00 A /D | | | | |
| Official For | • | 1 | | | 12/15 |
| Schedule | A/B: Property | | | | 12/15 |
| filing together, sheet to this fo | both are equally re- rm. On the top of a | sponsible for supply ny additional pages | Be as complete and accurate as ying correct information. If more , write your name and case num! ing, Land, or Other Real Es | space is needed, attach a ber (if known). Answer eve | separate ry question. |
| | | | | | |
| - | or nave any legal So to Part 2. | or equitable interes | st in any residence, building, land | a, or similar property? | |
| 121 | Where is the property | y? | | | |
| | • | • | I of your entries from Part 1, incl | | \$0.00 |
| Part 2: | Describe Your V | ehicles | | | |
| - | | • | in any vehicles, whether they are, also report it on Schedule G: Exe | _ | - |
| 3. Cars, vans | s, trucks, tractors, s | port utility vehicles, | motorcycles | | |
| □ No ☑ Yes | | | | | |
| 3.1. | | | an interest in the property? | Do not deduct secured clai | |
| Make: | Hyundai | Check or | ne. or 1 only | amount of any secured cla Creditors Who Have Claim | |
| Model: Year: | <u>Sonata</u> 2014 | كا | or 2 only | Current value of the | Current value of the |
| | leage: 135,000 | | or 1 and Debtor 2 only | entire property? | portion you own? |
| Other informatio | - | | ast one of the debtors and another | \$5,916.00 | \$5,916.00 |
| 2014 Hyundai miles) | i Sonata (approx. | | ck if this is community property instructions) | | |
| | | | r recreational vehicles, other vehaft, fishing vessels, snowmobiles, n | | |
| ✓ No ☐ Yes | · | | - | | |
| | - | • | I of your entries from Part 2, incl | uding any | \$5,916.00 |

| Deb | tor 1 | Tiffany L. Cairo | Case number (if known) | |
|-----|---------------------------|---|---------------------------------|---|
| Pa | art 3: | Describe Your Personal and Household Items | | |
| Doy | ou own | or have any legal or equitable interest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6. | | old goods and furnishings es: Major appliances, furniture, linens, china, kitchenware | | |
| | □ No ☑ Yes | . Describe See continuation page(s). | | \$2,525.00 |
| 7. | Electron Example | nics es: Televisions and radios; audio, video, stereo, and digital equipment; com music collections; electronic devices including cell phones, cameras, me | • | |
| | □ No ✓ Yes | . Describe See continuation page(s). | | \$460.00 |
| 8. | | bles of value es: Antiques and figurines; paintings, prints, or other artwork; books, pictures stamp, coin, or baseball card collections; other collections, memorabilia, | | |
| | ✓ No ☐ Yes | . Describe | | |
| 9. | | nent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bicycles, po canoes and kayaks; carpentry tools; musical instruments | ool tables, golf clubs, skis; | |
| | ✓ No ☐ Yes | . Describe | | |
| 10. | Firearm Example | es: Pistols, rifles, shotguns, ammunition, and related equipment | | |
| | ✓ No ☐ Yes | . Describe | | |
| 11. | Clothes Example | : es: Everyday clothes, furs, leather coats, designer wear, shoes, accessories | 3 | |
| | □ No ✓ Yes | . Describe Wearing apparel | | \$500.00 |
| 12. | Jewelry Example | es: Everyday jewelry, costume jewelry, engagement rings, wedding rings, he gold, silver | eirloom jewelry, watches, gems, | |
| | □ No ✓ Yes | . Describe Costume jewelry | | \$100.00 |
| 13. | | m animals es: Dogs, cats, birds, horses | | |
| | ✓ No ☐ Yes | . Describe | | |
| 14. | Any oth did not | er personal and household items you did not already list, including any list | health aids you | |
| | _ | . Give specific rmation | | |
| 15. | | dollar value of all of your entries from Part 3, including any entries for d for Part 3. Write the number here | _ | \$3,585.00 |

| Deb | tor 1 | Tif | fany L. Cairo | | Case number (if known) | |
|------|--|-------------------|---|---|-------------------------|---|
| P | art 4 | : [| Describe Your Finan | cial Assets | | |
| Do : | you o | wn or | have any legal or equital | ble interest in any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | 6. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition | | | | | |
| | بخا | No Yes | | | Cash: | · |
| 17. | - | | | ner financial accounts; certificates of deposit ther similar institutions. If you have multiple | | |
| | | No Yes | | Institution name: | | |
| | | 17.1. | Checking account: | Checking account w/USAA | | \$20.00 |
| | | 17.2. | Checking account: | Checking account w/Navy Federal (| CU | \$0.00 |
| | | 17.3. | Savings account: | Savings account w/USAA | | \$5.00 |
| | | 17.4. | Savings account: | Savings account w/Navy FCU | | \$0.00 |
| | | 17.5. | Certificates of deposit: | Certificates of deposit w/Navy Fede | ral CU | \$73.00 |
| 18. | Exai | mples: No | tual funds, or publicly tr Bond funds, investment a | aded stocks accounts with brokerage firms, money marke | | |
| 19. | | - | ely traded stock and inter in an LLC, partnership, | rests in incorporated and unincorporated and joint venture | businesses, including | |
| | _ | Yes. G informa | Sive specific ation about Name of | entity: | % of ownership: | |
| 20. | Neg | otiable | instruments include perso | and other negotiable and non-negotiable on all checks, cashiers' checks, promissory no eyou cannot transfer to someone by signing | otes, and money orders. | |
| | | informa | ive specific ation about lssuer na | ame: | | |
| 21. | | | t or pension accounts Interests in IRA, ERISA, I profit-sharing plans | Keogh, 401(k), 403(b), thrift savings account | ts, or other pension or | |
| | Ø. | | ist each it separately. Type of ac | count: Institution name: | | |

\$5,588.40

401(k) or similar plan: 401(k) w/employer

| Deb | tor 1 | Tiffany L. Cairo | Case number (if kno | own) | |
|-----|----------------------|--|--|----------------|--|
| 22. | Your sha | | payments posits you have made so that you may continue service or use from a comp plandlords, prepaid rent, public utilities (electric, gas, water), telecommunication | | |
| | ✓ No | i | Institution name or individual: | | |
| 23 | _ | | specific periodic payment of money to you, either for life or for a number of | vears) | |
| 20. | ☑ No | • | Issuer name and description: | youro | |
| 24. | Interest | | RA, in an account in a qualified ABLE program, or under a qualified sta | te tuition pro | ogram. |
| | ☑ No | .,,,, | | h 111150 | \$ 524(a) |
| ٥. | _ | | Institution name and description. Separately file the records of any interest | | § 521(C) |
| 25. | | equitable or future exercisable for you | interests in property (other than anything listed in line 1), and rights or ur benefit | , | |
| | _ | . Give specific rmation about them | | | |
| 26. | | | marks, trade secrets, and other intellectual property; names, websites, proceeds from royalties and licensing agreements | | |
| | _ | . Give specific rmation about them | | | |
| 27. | Example ✓ No ✓ Yes | | other general intangibles , exclusive licenses, cooperative association holdings, liquor licenses, profe | essional licen | ses |
| Mor | | operty owed to you | 1? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refu | unds owed to you | | | |
| | ☑ No | | | | |
| | _ | . Give specific infor | | Federal | : |
| | | ut them, including what already filed the return the control of th | | State: | |
| | and | the tax years | | Local: | |
| 29. | | • • | o sum alimony, spousal support, child support, maintenance, divorce settler | nent, property | settlement |
| | | . Give specific infor | | ny: | \$0.00 |
| | Su | pport: Back child | support. Amt: \$96,874.59 Mainte | enance: | \$0.00 |
| | | | Suppo | ort: | \$96,874.59 |
| | | | Divorc | ce settlement: | \$0.00 |
| | | | Prope | rty settlement | \$0.00 |

| Deb | tor 1 <u>T</u> | iffany L. Cairo | | Case number (if known) | |
|-----|-----------------------|---|---|--|---|
| 30. | | | ity insurance payments, disal | bility benefits, sick pay, vacation pay, workers' ns you made to someone else | |
| | ✓ No ☐ Yes. | Give specific information | n | | |
| 31. | | in insurance policies : Health, disability, or life | e insurance; health savings a | account (HSA); credit, homeowner's, or renter's insura | nce |
| | compa | Name the insurance any of each policy st its value | Company name: | Beneficiary: Su | ırrender or refund value: |
| 32. | If you are | | • | has died n a life insurance policy, or are currently | |
| | ✓ No ☐ Yes. | Give specific information | n | | |
| 33. | _ | | ether or not you have filed nt disputes, insurance claims | a lawsuit or made a demand for payment , or rights to sue | |
| | ✓ No ☐ Yes. | Describe each claim | | | |
| 34. | | ntingent and unliquidate set off claims | ed claims of every nature, i | including counterclaims of the debtor and | |
| | ✓ No ☐ Yes. | Describe each claim | | | |
| 35. | Any finan | cial assets you did not | already list | | |
| | ☑ No | | | | |
| | Yes. | Give specific information | n | | |
| 36. | | | | ding any entries for pages you have | \$102,560.99 |
| Pa | art 5: De | escribe Any Busine | ess-Related Property | You Own or Have an Interest In. List any | real estate in Part 1 |
| 37. | Do you ov | wn or have any legal or | r equitable interest in any b | ousiness-related property? | |
| | _ | Go to Part 6. Go to line 38. | | | |
| | | | | | Current value of the |
| | | | | | portion you own? Do not deduct secured |
| 38. | Accounts | receivable or commiss | sions you already earned | | claims or exemptions. |
| | ☑ No | | | | |
| | | Describe | | | |
| 39. | | uipment, furnishings, a Business-related comp desks, chairs, electron | outers, software, modems, pr | rinters, copiers, fax machines, rugs, telephones, | |
| | ✓ No | Describe | | | |
| | ⊔ ¹ ^c 3. ¹ | DOGGING | | | |

| Deb | tor 1 Tiffany L. Cairo | Case number (if known) | |
|-----|---|--|---|
| 40. | Machinery, fixtures, equipment, supplies you use in busin | ess, and tools of your trade | |
| | ✓ No ☐ Yes. Describe | | |
| 41. | Inventory | | |
| | ✓ No ☐ Yes. Describe | | |
| 42. | Interests in partnerships or joint ventures | | |
| | ✓ No ☐ Yes. Describe Name of entity: | % of ownership: | |
| 43. | Customer lists, mailing lists, or other compilations | | |
| | No Yes. Do your lists include personally identifiable infor No Yes. Describe | mation (as defined in 11 U.S.C. § 101(41A))? | |
| 44. | Any business-related property you did not already list | | |
| | ✓ No✓ Yes. Give specific information. | | |
| 45. | Add the dollar value of all of your entries from Part 5, incluattached for Part 5. Write that number here | | \$0.00 |
| | If you own or have an interest in farmland, list | | rest In. |
| 46. | Do you own or have any legal or equitable interest in any | arm- or commercial fishing-related property? | |
| | ✓ No. Go to Part 7. ☐ Yes. Go to line 47. | | |
| | | portio Do no | nt value of the on you own? t deduct secured or exemptions. |
| 47. | Farm animals Examples: Livestock, poultry, farm-raised fish | | , |
| | ✓ No ☐ Yes | | |
| 48. | Cropseither growing or harvested | | |
| | ✓ No ☐ Yes. Give specific information | | |
| 49. | Farm and fishing equipment, implements, machinery, fixtu | res, and tools of trade | |
| | ✓ No ☐ Yes | | |
| 50. | Farm and fishing supplies, chemicals, and feed | | |
| | ☑ No ☐ Yes | | |

| Deb | otor 1 Tiffany L. Cairo | Case nu | ımber (if known) | |
|-----|---|-----------------------|------------------------------|----------------|
| 51. | Any farm- and commercial fishing-related property you did not No Yes. Give specific information | ot already list | | |
| 52. | Add the dollar value of all of your entries from Part 6, includin attached for Part 6. Write that number here | | _ | \$0.00 |
| Pa | art 7: Describe All Property You Own or Have an Ir | nterest in That You D | id Not List Above | 9 |
| 53. | Do you have other property of any kind you did not already lise Examples: Season tickets, country club membership ✓ No ☐ Yes. Give specific information. | st? | | |
| 54. | Add the dollar value of all of your entries from Part 7. Write the | hat number here | | \$0.00 |
| P | art 8: List the Totals of Each Part of this Form | | | |
| 55. | Part 1: Total real estate, line 2 | | | \$0.00 |
| 56. | Part 2: Total vehicles, line 5 | \$5,916.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$3,585.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$102,560.99 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | +\$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$112,061.99 | Copy personal property total | + \$112,061.99 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$112,061.99 |

| 6. Ho | ousehold good: | s and furnishings | (details): |
|-------|----------------|-------------------|------------|
|-------|----------------|-------------------|------------|

7.

| Household goods and furnishings (details): | |
|--|------------|
| Dinner table | \$20.00 |
| 2 Beds | \$1,400.00 |
| Couch | \$100.00 |
| Washer | \$150.00 |
| Dryer | \$150.00 |
| Dishes/glassware/flatware | \$200.00 |
| Pots and pans | \$300.00 |
| Small appliances | \$100.00 |
| Dresser | \$100.00 |
| Nightstand | \$5.00 |
| Electronics (details): | |
| 2 Televisions | \$200.00 |
| Cell phone | \$10.00 |
| Laptop | \$250.00 |

| Fill in this inf | ormation to ic | lentify your | case: | | | | | |
|---|---|---|--|-------------------------|---|------------------------------|--|-----------|
| Debtor 1 | Tiffany | L. | Cairo | | | | | |
| Debtor 2 | First Name | Middle Name | e Last Name | | | | | |
| (Spouse, if filing) | | Middle Name | | | | | | |
| United States Ba | nkruptcy Court for | the: WESTER | N DISTRICT OF TE | XAS | <u> </u> | | ☐ Check if this is an | |
| Case number (if known) | | | | | | | amended filing | |
| Official Form | 106C | | | | | | | |
| Schedule C: | The Prope | rty You Cl | aim as Exemp | t | | | | 04/19 |
| Using the property space is needed, fi write your name an | you listed on Sch ill out and attach to d case number (if property you clair | edule A/B: Prop this page as m known). m as exempt, ye | erty (Official Form 106 any copies of Part 2 | 6A/B) 2: Ad | as your source, ditional Page as | e, list the as neces | sponsible for supplying correct info property that you claim as exempt sary. On the top of any additional ou claim. One way of doing so alue of the property being | . If more |
| exempted up to the receive certain be exemption of 100° | ne amount of any enefits, and tax-ex % of fair market v | applicable stat cempt retirement value under a la | utory limit. Some ex nt fundsmay be unl | emp imite mpti | tionssuch as t d in dollar amo on to a particula | those fount. He lar dolla | or health aids, rights to owever, if you claim an ir amount and the value of the | |
| Part 1: Ide | entify the Prop | erty You Cla | im as Exempt | | | | | |
| 1. Which set of | exemptions are y | ou claiming? | Check one only, e | even | if your spouse is | is filing v | with you. | |
| | claiming state and claiming federal e | | kruptcy exemptions. | 11 U | .S.C. § 522(b)(3) | 3) | | |
| _ | | | | | iil in the inform | aatian b | alaw | |
| | | | at you claim as exen | • | | nation b | | |
| Brief description of Schedule A/B that | | | Current value of the portion you own | | ount of the mption you clai | ıim | Specific laws that allow exempt | tion |
| | | | Copy the value from Schedule A/B | | eck only one box h exemption | x for | | |
| Brief description: | | | \$5,916.00 | | \$1,359.00 | 0 | 11 U.S.C. § 522(d)(2) | |
| 2014 Hyundai S | onata (approx. | 135,000 | +-, | | 100% of fair ma | narket | 3 ((/ / / / / / / | |
| miles) Line from Schedule | e A/B: 3.1 | | | | value, up to any applicable statulimit | - | | |
| Brief description: | | | \$20.00 | $\overline{\mathbf{V}}$ | \$20.00 | | 11 U.S.C. § 522(d)(3) | |
| Dinner table Line from <i>Schedule</i> | e A/B: 6 | | | | 100% of fair may value, up to any applicable statulimit | ny | | |
| - | • | - | more than \$170,350? rears after that for cas | | led on or after the | ne date d | of adjustment.) | |
| ✓ No Yes. Did No Yese | | property covered | by the exemption with | hin 1 | ,215 days before | e you file | ed this case? | |

| Debtor 1 | Tiffany L. Cairo | Case number (if known) |
|----------|------------------|------------------------|
| | | |

| Part 2: Additional Page | | | | |
|---|--|-----------|---|------------------------------------|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | | ount of the mption you claim | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | | eck only one box for h exemption | |
| Brief description: | \$1,400.00 | | \$625.00 | 11 U.S.C. § 522(d)(3) |
| 2 Beds | | | 100% of fair market | |
| (1st exemption claimed for this asset) Line from Schedule A/B:6 | | | value, up to any applicable statutory limit | |
| Brief description: | \$1,400.00 | <u> </u> | \$775.00 | 11 U.S.C. § 522(d)(5) |
| 2 Beds | | | 100% of fair market | |
| (2nd exemption claimed for this asset) Line from Schedule A/B:6 | | | value, up to any applicable statutory limit | |
| Brief description: | \$100.00 | | \$100.00 | 11 U.S.C. § 522(d)(3) |
| Couch | | | 100% of fair market | |
| Line from Schedule A/B:6 | | | value, up to any applicable statutory limit | |
| Brief description: | \$150.00 | \square | \$150.00 | 11 U.S.C. § 522(d)(3) |
| Washer | | | 100% of fair market | |
| Line from Schedule A/B:6 | | | value, up to any applicable statutory limit | |
| Brief description: | \$150.00 | \square | \$150.00 | 11 U.S.C. § 522(d)(3) |
| Dryer | | | 100% of fair market | |
| Line from Schedule A/B:6 | | | value, up to any applicable statutory limit | |
| Brief description: | \$200.00 | <u> </u> | \$200.00 | 11 U.S.C. § 522(d)(3) |
| Dishes/glassware/flatware | | | 100% of fair market | |
| Line from Schedule A/B:6 | | | value, up to any applicable statutory limit | |
| Brief description: | \$300.00 | <u> </u> | \$300.00 | 11 U.S.C. § 522(d)(3) |
| Pots and pans | | Ш | 100% of fair market value, up to any | |
| Line from Schedule A/B:6 | | | applicable statutory | |
| Brief description: | \$100.00 | \square | \$100.00 | 11 U.S.C. § 522(d)(3) |
| Small appliances | | | 100% of fair market value, up to any | |
| Line from Schedule A/B:6 | | | applicable statutory | |
| Brief description: | \$100.00 | \square | \$100.00 | 11 U.S.C. § 522(d)(3) |
| Dresser | | | 100% of fair market | |
| Line from Schedule A/B:6 | | | value, up to any applicable statutory limit | |

| Debtor 1 | Tiffany L. Cairo | Case number (if known) | |
|----------|------------------|------------------------|--|
| | | | |

| Part 2: Additional Page | | | | |
|---|--|----------|--|------------------------------------|
| Brief description of the property and line of Schedule A/B that lists this property | n Current value of the portion you own | | ount of the mption you claim | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | | eck only one box for h exemption | |
| Brief description: Nightstand Line from Schedule A/B: 6 | \$5.00 | | \$5.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3) |
| Brief description: 2 Televisions | \$200.00 | Ø | \$200.00 100% of fair market | 11 U.S.C. § 522(d)(3) |
| Line from Schedule A/B: 7 | | Ш | value, up to any applicable statutory limit | |
| Brief description: Cell phone | \$10.00 | 1 | \$10.00 100% of fair market | 11 U.S.C. § 522(d)(3) |
| Line from Schedule A/B: 7 | | | value, up to any applicable statutory limit | |
| Brief description: Laptop | \$250.00 | Ø | \$250.00 100% of fair market | 11 U.S.C. § 522(d)(3) |
| Line from Schedule A/B: 7 | | | value, up to any applicable statutory limit | |
| Brief description: Wearing apparel | \$500.00 | Ø | \$500.00 100% of fair market | 11 U.S.C. § 522(d)(3) |
| Line from Schedule A/B: 11 | | | value, up to any applicable statutory limit | |
| Brief description: Costume jewelry | \$100.00 | 1 | \$100.00 100% of fair market | 11 U.S.C. § 522(d)(4) |
| Line from Schedule A/B: 12 | | | value, up to any applicable statutory limit | |
| Brief description: Savings account w/USAA | \$5.00 | Ø | \$5.00 100% of fair market | 11 U.S.C. § 522(d)(5) |
| Line from Schedule A/B: 17.3 | | | value, up to any applicable statutory limit | |
| Brief description: Checking account w/USAA | \$20.00 | Ø | \$20.00 100% of fair market | 11 U.S.C. § 522(d)(5) |
| Line from Schedule A/B: 17.1 | | | value, up to any applicable statutory limit | |
| Brief description: Checking account w/Navy Federal CU | \$0.00 | Ø | \$0.00 100% of fair market | 11 U.S.C. § 522(d)(5) |
| Line from Schedule A/B: 17.2 | | | value, up to any applicable statutory limit | |

| Debtor 1 | Tiffany L. Cairo | Case number (if known) |
|----------|------------------|------------------------|
| | | |

Part 2: **Additional Page** Brief description of the property and line on Current value of Amount of the Specific laws that allow exemption Schedule A/B that lists this property the portion you exemption you claim own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$0.00 \$0.00 11 U.S.C. § 522(d)(5) $\overline{\mathbf{Q}}$ Savings account w/Navy FCU 100% of fair market value, up to any Line from Schedule A/B: 17.4 applicable statutory limit Brief description: 11 U.S.C. § 522(d)(5) \$73.00 \$73.00 $\overline{\mathbf{V}}$ Certificates of deposit w/Navy Federal CU 100% of fair market value, up to any Line from Schedule A/B: 17.5 applicable statutory limit Brief description: \$5,588.40 \$5,588.40 11 U.S.C. § 522(d)(12) $\overline{\mathbf{A}}$ 401(k) w/employer 100% of fair market value, up to any Line from Schedule A/B: 21 applicable statutory limit 11 U.S.C. § 522(d)(10)(D) Brief description: \$96,874.59 \$96,874.59 $\overline{\mathbf{V}}$ **Back child support** 100% of fair market value, up to any Line from Schedule A/B: 29 applicable statutory limit

| Fill in this inf | ormation to ide | entify your cas | se: | | | |
|---|--|---|---|---|---------------------------------|---------|
| Debtor 1 | Tiffany | L. | Cairo | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States Bar | nkruntev Court for th | ne: WESTERN Γ | DISTRICT OF TEXAS | | | |
| Case number | initiapicy Count for the | ie. WLOTEKIA E | MOTRIOT OF TEXAS | | | |
| (if known) | | | | | Check if this is amended filing | |
| Official Form | 106D | | | | | |
| Schedule D: | Creditors W | /ho Have Cl | aims Secured b | y Property | | 12/1 |
| correct information On the top of any 1. Do any credit No. Che Yes. Fill Part 1: Lis 2. List all securical claim, list the creditor has a | en. If more space is additional pages, vers have claims see the this box and sub in all of the information o | s needed, copy the write your name as ecured by your primit this form to the tion below. Laims ditor has more that for each claim. If it the other creditor | n one secured more than one s in Part 2. As | out, number the entri wn). | es, and attach it to thi | s form. |
| 2.1 | | | he property that | | | , |
| Capital One Aut | o Finance | secures th | | \$4,557.00 | \$5,916.00 | |
| Creditor's name 3901 Dallas Parl Number Street | kway | 135,000 n | ndai Sonata (approx. niles) | | | |
| Plano City Who owes the del Debtor 1 only Debtor 2 only Debtor 1 and D At least one of Check if this of to a communications | Debtor 2 only the debtors and and | Conting Unliqui Dispute Nature of I An agree Statuto Unliqui Dispute Nature of I Dispute Value Other (Other (| dated | s mortgage or secured nechanic's lien) | car loan) | |
| Date debt was inc | urred | Last 4 digi | ts of account number | | | |
| | | | | | | |

Official Form 106D

all pages. Write that number here:

that number here:

Add the dollar value of your entries in Column A on this page. Write

If this is the last page of your form, add the dollar value totals from

\$4,557.00

\$4,557.00

| Fill in this inf | iawastian ta i | aloutifu vous o | •••• | | | |
|--|--|--|---|---|--|--------------------------------|
| | | dentify your c | | | | |
| Debtor 1 | Tiffany First Name | L. Middle Name | Cairo Last Name | | | |
| | | | | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| (O pouse,g) | | | | | | |
| United States Ba | nkruptcy Court fo | or the: WESTERN | I DISTRICT OF TEXAS | | | |
| Case number | | | | | ☐ Check if this is | an |
| (if known) | | | | _ | amended filing | |
| Official Form | 106E/F | | | | | |
| Schedule E/ | /F: Credito | rs Who Have | e Unsecured Claims | | | 12/15 |
| If more space is n to this page. On t | needed, copy the the top of any ac | Part you need, fi | I claims that are listed in Schedul ill it out, number the entries in the rrite your name and case number secured Claims | boxes on the left. | | |
| 1. Do any credi | tors have priorit | y unsecured clair | ns against you? | | | |
| — N. O. | | .y anoooaroa olan | ne agamer you. | | | |
| Yes. | io Fait 2. | | | | | |
| claim. For ea show both prid more space is | ch claim listed, id ority and nonprio | dentify what type of rity amounts. As m rity unsecured clair | creditor has more than one priority f claim it is. If a claim has both prio nuch as possible, list the claims in a ms, fill out the Continuation Page of | rity and nonpriority an alphabetical order acc | nounts, list that cla ording to the credi | aim here and tor's name. If |
| (For an explai | nation of each typ | oe of claim, see the | e instructions for this form in the ins | truction booklet. | | |
| | | | | Total claim | Priority | Nonpriority |
| | | | | | amount | amount |
| 2.1 | | | | | | _ |
| Priority Creditor's Nam | 20 | | Last 4 digits of account number | | | |
| Thomas Creditor's Nam | ie | | When was the debt incurred? | | - | |
| Number Street | | | | | | |
| | | | As of the date you file, the claim | is: Check all that ap | ply. | |
| | | | Contingent Unliquidated | | | |
| City | Ctata | ZID Codo | Disputed | | | |
| City Who incurred the | State Check | ZIP Code | Type of PRIORITY unsecured cl | aim: | | |
| Debtor 1 only | debt: Oncor | one. | Domestic support obligations | aiiii. | | |
| Debtor 2 only | | | Taxes and certain other debts | you owe the governr | nent | |
| Debtor 1 and D | | another. | Claims for death or personal i | | | |
| <u> </u> | the debtors and | | intoxicated | | | |
| Is the claim subje | claim is for a co | ininumity dept | Other. Specify | | | |
| is the claim subje ☐ No | or to onser: | | | | | |
| Yes | | | | | | |

| Debtor 1 Tiffany L. Cairo | Case number (if known) |
|--|--|
| Part 2: List All of Your NONPRIORIT | Y Unsecured Claims |
| Yes 4. List all of your nonpriority unsecured claims If a creditor has more than one nonpriority unse type of claim it is. Do not list claims already inc | I claims against you? Submit this form to the court with your other schedules. in the alphabetical order of the creditor who holds each claim. cured claim, list the creditor separately for each claim. For each claim listed, identify what luded in Part 1. If more than one creditor holds a particular claim, list the other creditors in unsecured claims, fill out the Continuation Page of Part 2. Total claim |
| Austin Diagnostic Medical Clinic Nonpriority Creditor's Name 12221 North Mopac Expressway Number Street Austin TX 78758 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes | ### Standard Addition of Account number Standard Account number Standard Account number Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Services Medical Services Medical Services Medical Services Standard Account number Medical Services Standard Account number Standard Account num |
| Austin Radiological Assoc. Nonpriority Creditor's Name PO Box 4099 Number Street Austin TX 78765 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No | Last 4 digits of account number 4 8 8 8 8 When was the debt incurred? 2018 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Services |

| I ITTANY L. Cairo | Case number (if known) | |
|--|---|--------------|
| Part 2: Your NONPRIORITY Unsecu | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | m sequentially from the | Total claim |
| 4.3 | | \$148.00 |
| Austin Radiological Assoc. | Last 4 digits of account number 9 8 1 3 | |
| Nonpriority Creditor's Name PO Box 4099 | When was the debt incurred? 2018 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | ☐ Unliquidated ☐ ☐ Disputed | |
| Austin TX 78765 | | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | Student loans Obligations griging out of a congretion agreement or diverse | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | ☑ Other. Specify | |
| Check if this claim is for a community debt | Medical Services | |
| Is the claim subject to offset? ✓ No | | |
| Yes | | |
| | | |
| 4.4 | | \$128.33 |
| Austin Regional Clinic Nonpriority Creditor's Name | Last 4 digits of account number | |
| PO Box 26726 | When was the debt incurred? 2019 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ ☐ Contingent ☐ Unliquidated | |
| A | Disputed | |
| Austin TX 78755-0726 City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| Check if this claim is for a community debt | ✓ Other. Specify Medical Services | |
| Is the claim subject to offset? | | |
| ☑ No | | |
| Yes | | |
| 4.5 | | \$49.30 |
| Austin Regional Clinic | Last 4 digits of account number 9 0 7 5 | |
| Nonpriority Creditor's Name | When was the debt incurred? 218 | |
| PO Box 26726 Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | Unliquidated | |
| Austin TX 78755-0726 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. ☐ Debtor 1 only | Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| ☐ Check if this claim is for a community debt | Medical Services | |
| Is the claim subject to offset? | | |
| ☑ No □ Yes | | |
| Yes | | |

| Debtor 1 Tiffany L. Cairo | Case number (if known) | |
|--|--|-------------|
| Part 2: Your NONPRIORITY Unsecu | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | m sequentially from the | Total claim |
| 4.6 | | \$25.00 |
| Austin Regional Clinic | Last 4 digits of account number 2 8 4 1 | · · |
| Nonpriority Creditor's Name | When was the debt incurred? 2018 | |
| PO Box 26726 Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ ☐ Contingent | |
| | Unliquidated | |
| Austin TX 78755-0726 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | ☐ Student loans | |
| Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| — Object (Cities also be for a community state) | ✓ Other. Specify Medical Services | |
| | Medical Services | |
| Is the claim subject to offset? ☑ No ☐ Yes | | |
| 4.7 | | \$25.00 |
| Austin Regional Clinic | _ Last 4 digits of account number <u>9 1 2 6</u> | |
| Nonpriority Creditor's Name PO Box 26726 | When was the debt incurred? 2018 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | Unliquidated | |
| Austin TX 78755-0726 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | ☐ Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| Check if this claim is for a community debt | Medical Services | |
| Is the claim subject to offset? | | |
| ⋈ No | | |
| Yes | | |
| 4.8 | | \$227.58 |
| Bank of America | Last 4 digits of account number 5 5 9 2 | |
| Nonpriority Creditor's Name | When was the debt incurred? various | |
| PO Box 851001 | As of the date you file, the claim is: Check all that apply. | |
| Number Street | _ ☐ Contingent | |
| | ☐ Unliquidated | |
| | Disputed | |
| Dallas TX 75285-1001 City State ZIP Code | Turns of NONDDIODITY among and alaims | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| Check if this claim is for a community debt | Credit Card Purchases | |
| Is the claim subject to offset? | | |
| ☑ No □ Yes | | |

| I Iπany L. Cairo | Case number (if known) | |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | m sequentially from the | Total claim |
| 4.9 | | \$4,359.86 |
| Barclaycard | Last 4 digits of account number 5 2 4 1 | |
| Nonpriority Creditor's Name | When was the debt incurred? various | |
| PO Box 60517 Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | Unliquidated | |
| City of Industry CA 91716 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. Debtor 1 only | Student loans | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| Check if this claim is for a community debt | Credit Card Purchases | |
| Is the claim subject to offset? ✓ No | | |
| ☑ No ☐ Yes | | |
| | | |
| 4.10 | | \$2,152.31 |
| Best Buy | _ Last 4 digits of account number _ 2 _ 5 _ 5 _ 7 | |
| Nonpriority Creditor's Name PO Box 78009 | When was the debt incurred? various | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ ☐ Contingent ☐ Unliquidated | |
| | □ Disputed | |
| Phoenix AZ 85062-8009 City State ZIP Code | | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Check if this claim is for a community debt | | |
| Is the claim subject to offset? | orealt daru r dronases | |
| ☑ No | | |
| Yes | | |
| 4.11 | | \$2,124.86 |
| Chase | Last 4 digits of account number 6 4 9 8 | Ψ2,124.00 |
| Nonpriority Creditor's Name | When was the debt incurred? various | |
| PO Box 6294 Number Street | As of the date you file, the claim is: Check all that apply. | |
| - Street | Contingent | |
| | Unliquidated | |
| Carol Stream IL 60197-6294 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | ☐ Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| ☐ Check if this claim is for a community debt | Credit Card Purchases | |
| Is the claim subject to offset? | | |
| No You | | |
| Yes | | |

| Debtor 1 Tiffany L. Cairo | Case number (if known) | |
|---|--|-------------|
| Part 2: Your NONPRIORITY Unse | cured Claims Continuation Page | |
| After listing any entries on this page, number previous page. | them sequentially from the | Total claim |
| 4.12 | | \$2,154.45 |
| Citi Nonpriority Creditor's Name P.O. Box 6500 Number Street | Last 4 digits of account number 4 4 9 2 When was the debt incurred? various As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | |
| Sioux Falls City State ZIP Code Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community deb Is the claim subject to offset? ☐ No ☐ Yes | Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card Purchases | |
| 4.13 | Look A divide of account number 0 0 0 0 4 | \$13.74 |
| Clinical Pathology Assc. Nonpriority Creditor's Name P.O. Box 141699 Number Street | Last 4 digits of account number 8 8 9 1 When was the debt incurred? 2018 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated | |
| Austin TX 78714-169 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community deb Is the claim subject to offset? No Yes | Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify | |
| 4.14 Clinical Pathology Assc. | Last 4 digits of account number 2 1 2 4 | \$12.43 |
| Nonpriority Creditor's Name P.O. Box 141699 Number Street | When was the debt incurred? 2018 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Dispets of | |
| Austin TX 78714-169 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community deb Is the claim subject to offset? No Yes | Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |

| I Iπany L. Cairo | Case number (if known) | |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | m sequentially from the | Total claim |
| 4.15 | | \$67.71 |
| Clinical Pathology Assc. | Last 4 digits of account number 5 7 7 4 | |
| Nonpriority Creditor's Name P.O. Box 141699 | When was the debt incurred? 2018 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | ☐ Unliquidated ☐ Disputed | |
| Austin TX 78714-1699 | | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| Check if this claim is for a community debt | Medical Services | |
| Is the claim subject to offset? ✓ No | | |
| Yes | | |
| | | |
| 4.16 | | \$386.25 |
| Comenity - Wayfair Nonpriority Creditor's Name | _ Last 4 digits of account number _ 1 _ 0 _ 4 _ 4 | |
| PO Box 659617 | When was the debt incurred? various | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ ☐ Contingent ☐ Unliquidated | |
| O A | Disputed | |
| San Antonio TX 78265-9617 City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| Check if this claim is for a community debt | ✓ Other. Specify Credit Card Purchases | |
| Is the claim subject to offset? | 0.00.00.00.00.0000 | |
| No | | |
| Yes | | |
| 4.17 | | \$8,867.79 |
| Discover Card | Last 4 digits of account number 3 3 8 3 | Ψο,σοισ |
| Nonpriority Creditor's Name | When was the debt incurred? various | |
| PO Box 790213 Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ ☐ Contingent | |
| | Unliquidated | |
| St. Louis MO 63179-0213 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| ☐ Check if this claim is for a community debt | Credit Card Purchases | |
| Is the claim subject to offset? | | |
| No Yes | | |
| Yes | | |

| I Iπany L. Cairo | Case number (if known) | |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | m sequentially from the | Total claim |
| 4.18 | | \$39,417.00 |
| FedLoan Servicing | Last 4 digits of account number 3 9 0 5 | • |
| Nonpriority Creditor's Name PO Box 69184 | When was the debt incurred? 2014 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | ☐ Unliquidated ☐ ☐ Disputed | |
| Harrisburg PA 17106 | | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | | |
| Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| | Other. Specify | |
| Check if this claim is for a community debt Is the claim subject to offset? | | |
| No | | |
| Yes | | |
| 440 | | |
| 4.19 | Last A Matter of account wombon | \$685.00 |
| Hickson Law P.C Nonpriority Creditor's Name | Last 4 digits of account number | |
| 4833 Spicewood Springs Rd. #200 | When was the debt incurred? 05/06/2019 | |
| Number Street | As of the date you file, the claim is: Check all that apply. Contingent | |
| | ☐ Unliquidated | |
| Austin TV 70750 | Disputed | |
| Austin TX 78759 City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| Check if this claim is for a community debt | Other. Specify Attorney Fees | |
| Is the claim subject to offset? | , | |
| √ No | | |
| Yes | | |
| 4.20 | | \$343.00 |
| Navy Federal Credit Union | Last 4 digits of account number | |
| Nonpriority Creditor's Name | When was the debt incurred? 2019 | |
| PO Box 3000 Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | Unliquidated | |
| Merrifield VA 22119-3000 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. ☐ Debtor 1 only | ☐ Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| ☐ Check if this claim is for a community debt | Overdraft | |
| Is the claim subject to offset? | | |
| No Vos | | |
| Yes | | |

| Debtor 1 Tiffany L. Cairo | Case number (if known) | |
|---|---|---------------------------------------|
| Part 2: Your NONPRIORITY Unsecu | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | m sequentially from the | Total claim |
| 4.21 | | \$16,676.38 |
| Navy Federal Credit Union | Last 4 digits of account number 1 5 9 8 | |
| Nonpriority Creditor's Name PO Box 3500 | When was the debt incurred? various | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | ☐ Unliquidated ☐ ☐ Disputed | |
| Merrifield VA 22119-2500 | | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | Student loans Obligations arising out of a congration agreement or diverse | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| Check if this claim is for a community debt | Credit card purchases | |
| Is the claim subject to offset? ☑ No ☐ Yes | | |
| 4.22 | | \$4,194.69 |
| Sears | Last 4 digits of account number 5 0 6 2 | · · · · · · · · · · · · · · · · · · · |
| Nonpriority Creditor's Name PO Box 6282 | When was the debt incurred? various | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | ☐ Unliquidated ☐ ☐ Disputed | |
| Sioux Falls SD 57117 | | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| Check if this claim is for a community debt | Credit Card Purchases | |
| Is the claim subject to offset? ✓ No | | |
| Yes | | |
| 4.23 | | \$1,040.00 |
| Synchrony Bank/Home Design | Last 4 digits of account number 0 6 5 4 | |
| Nonpriority Creditor's Name PO Box 960061 | When was the debt incurred? various | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | ☐ Unliquidated ☐ ☐ Disputed | |
| Orlando FL 32896-0061 | | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| Check if this claim is for a community debt | Credit Card Purchases | |
| Is the claim subject to offset? ✓ No | | |
| ☐ Yes | | |

| Debtor 1 Tiffany L. Cairo | Case number (if known) | |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | m sequentially from the | Total claim |
| 4.24 | | \$1,215.42 |
| Synchrony Bank/JC Penney | Last 4 digits of account number 7 8 5 1 | |
| Nonpriority Creditor's Name PO Box 960090 | When was the debt incurred? various | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | Unliquidated | |
| Orlando FL 32896-0090 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. Debtor 1 only | Student loans | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | ☑ Other. Specify | |
| Check if this claim is for a community debt | Credit Card Purchases | |
| Is the claim subject to offset? | | |
| ☑ No ☐ Yes | | |
| | | |
| 4.25 | | \$1,078.50 |
| Synchrony Bank/Rooms to Go | Last 4 digits of account number6649_ | |
| Nonpriority Creditor's Name PO Box 960061 | When was the debt incurred? various | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | ☐ Unliquidated ☐ ☐ Disputed | |
| Orlando FL 32896-0061 | | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| - | Other. Specify | |
| Check if this claim is for a community debt | Credit Card Purchases | |
| Is the claim subject to offset? ✓ No | | |
| Yes | | |
| | | |
| 4.26 | | \$5,140.25 |
| Synchrony Bank/Walmart Nonpriority Creditor's Name | Last 4 digits of account number 4 0 0 3 | |
| PO Box 960024 | When was the debt incurred? various | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | ☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent | |
| 0.1.1 | Disputed | |
| Orlando FL 32896-0024 City State ZIP Code | Type of NONERIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| Check if this claim is for a community debt | | |
| Is the claim subject to offset? | Crount Gara i aronasco | |
| ✓ No | | |
| T Yes | | |

| Debtor 1 Tiffany L. Cairo | Case number (if known) | |
|--|---|-------------|
| Part 2: Your NONPRIORITY Unsecu | ured Claims Continuation Page | |
| After listing any entries on this page, number th previous page. | em sequentially from the | Total claim |
| 4.27 | | \$653.00 |
| Texas Childrens Physician Services | Last 4 digits of account number 8 7 4 8 | |
| Nonpriority Creditor's Name PO Box 4984 | When was the debt incurred? 2018-2019 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | |
| | — ☐ Disputed | |
| Houston TX 77210 City State ZIP Code | Type of NONDBIODITY uncestred eleien | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| Check if this claim is for a community debt | Medical Services | |
| Is the claim subject to offset? | | |
| ☑ No ☐ Yes | | |
| 4.28 | | \$1,347.25 |
| Texas Health and Human Services Commis Nonpriority Creditor's Name | | |
| P.O. Box 149055 | When was the debt incurred? 2014-2015 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | ☐ Contingent ☐ Unliquidated | |
| Austin TX 78714 | Disputed | |
| Austin TX 78714 City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | ☐ Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| ☐ Check if this claim is for a community debt | Overpayment | |
| Is the claim subject to offset? | | |
| ☑ No □ Yes | | |
| | | |
| 4.29 | | \$4,628.54 |
| USAA Credit Card Bank Nonpriority Creditor's Name | Last 4 digits of account number 6 3 4 8 | |
| 10750 McDermott Fwy. | When was the debt incurred? various | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | |
| San Antonio TX 78288-1600 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| ☐ Check if this claim is for a community debt | Credit card purchases | |
| Is the claim subject to offset? | | |
| ✓ No ☐ Yes | | |

| Debtor 1 | Tiffany L. Cairo | Case number (if known) |
|----------|------------------|------------------------|
| | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| AMCA Collections | | | On which entry in Part 1 or Part 2 did you list the original creditor? | | |
|-------------------------------|-------------|----------------------------|--|--|--|
| Name 4 Westchester Plaza #110 | | | Line 4.15 of (Check one): Part 1: Creditors with Priority Unsecured Claims | | |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| | | 40500 | — Last 4 digits of account number | | |
| Elmsford City | NY State | 10523 ZIP Code | _ | | |
| Credit Managemen | t LP | | On which entry in Part 1 or Part 2 did you list the original creditor? | | |
| Name 4200 International F | Parkway | | Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims | | |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| | | 75007 4000 | — Last 4 digits of account number | | |
| Carrollton City | TX State | 75007-1930 ZIP Code | _ | | |
| Harris & Harris, Ltd | l. | | On which entry in Part 1 or Part 2 did you list the original creditor? | | |
| Name 111 West Jackson I | Blvd. #400 | | Line 4.27 of <i>(Check one):</i> \square Part 1: Creditors with Priority Unsecured Claims | | |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| | | | Last 4 digits of account number | | |
| Chicago City | IL State | 60604-4135 ZIP Code | | | |
| Synarprice Cancult | ling Comico | Ino | On which entry in Part 1 or Part 2 did you list the original creditor? | | |
| Synerprise Consult | ing Service | , mc | — On which entry in Part 1 of Part 2 did you list the original creditor? | | |
| 2809 Regal Road # | 107 | | Line 4.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims | | |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| | T Y | 75075 | — Last 4 digits of account number | | |
| Plano City | TX State | 75075 ZIP Code | _ | | |
| - 7 | | | | | |

| Debtor 1 | Tiffany L. Cairo | | Case number (if known) | |
|----------|------------------|--|------------------------|--|
|----------|------------------|--|------------------------|--|

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | Total claim |
|-----------------------------|-------------------|---|-------------------------------------|
| Total claims from Part 1 | 6a. | Domestic support obligations | 6a. \$0.00 |
| | 6b. | Taxes and certain other debts you owe the government | 6b. \$0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. \$0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. +\$0.00 |
| | 6e. | Total. Add lines 6a through 6d. | 6d. \$0.00 |
| | | | Total claim |
| Total claims from Part 2 | 6f. Student loans | | 6f. \$39,417.00 |
| | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. \$0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | ^{6i.} + \$58,508.58 |
| | 6j. | Total. Add lines 6f through 6i. | 6j. \$97,925.58 |

| Fill in this inf | ormation to iden | | | |
|---------------------------------|------------------------|-------------------|--------------------|------------------------------------|
| Debtor 1 | Tiffany First Name | L. Middle Name | Cairo Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States Bar | nkruptcy Court for the | | | |
| Case number (if known) | | | | Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

| Fill in this int | ormation to ide | ntify your case: | | | | |
|--------------------------------------|--|---|-----------------------------------|--|-------|--|
| Debtor 1 | Tiffany | L. | Cairo | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| | | WESTERN DIST | TRICT OF TEXAS | | | |
| | inkruptcy Court for the | e. WESTERN DIS | IRICI OF TEXAS | | | |
| Case number (if known) | | | | ☐ Check if this is an | | |
| (| | | | amended filing | | |
| | | | | | | |
| Official Form | <u> 106H</u> | | | | | |
| Schedule H | : Your Codeb | tors | | | 12/15 | |
| needed, copy the page. On the top | Additional Page, fill of any Additional Page | it out, and number ages, write your na | the entries in the boxes on t | rrect information. If more space is he left. Attach the Additional Page to this vn). Answer every question. e as a codebtor.) | | |
| | na, California, Idaho, | | | ? (Community property states and territories as, Washington, and Wisconsin.) | | |
| Yes. Did No Yes | | r spouse, or legal eq | uivalent live with you at the tim | e? | | |
| person show creditor on S | | | | | | |
| Column 1. | Your codebtor | | | Column 2: The creditor to whom you owe the c | debt | |

Check all schedules that apply:

| G | ill in this inform | ation to ident | ify your case: | | | | | |
|-------------------|---|--|--|--|-------------------|--------------------|----------------------------|--|
| | Debtor 1 | Tiffany | L. | Cairo | | | | |
| | | First Name | Middle Name | Last Name | | | Che | eck if this is: |
| | Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | | _ | An amended filing |
| | United States Bankru | into Court for the | WESTERN | ISTRICT OF TE | YAS | | | A supplement showing postpetition |
| | Case number | apicy Court for the | e: WESTERNE | MOTRICI OF TE | AA3 | | _ _ | chapter 13 income as of the following date: |
| | (if known) | | | | _ | | | MM / DD / YYYY |
| 0 | fficial Form 10 | <u>61</u> | | | | | | |
| S | chedule I: You | ır Income | | | | | | 12/15 |
| res ind abo | sponsible for supply clude information ab out your spouse. If ur name and case n | ing correct infor out your spouse more space is ne | mation. If you are . If you are separ eeded, attach a se . Answer every c | e married and not ated and your sp parate sheet to the | filing ouse is | jointly s not f | , and your iling with y | I Debtor 2), both are equally spouse is living with you, ou, do not include information any additional pages, write |
| 1. | Fill in your employ | yment | | Dobton 4 | | | | Debter 2 or non filing energy |
| | If you have more th | | | Debtor 1 | | | | Debtor 2 or non-filing spouse |
| | job, attach a separa | | loyment status | ▼ Employed | ام م | | | Employed |
| | with information ab additional employe | rs. | | ☐ Not employ | eu | | | ■ Not employed |
| | | | upation | Underwriter | | | | _ |
| | Include part-time, s or self-employed w | - ul- | loyer's name | 360 Mortgage | Grou | p LL(| | _ |
| | Occupation may inc student or homema applies. | p | loyer's address | 11305 Four Po | oints I | Orive | 1-200 | Number Street |
| | | | | Austin City | | TX State | 78726 Zip Code | City State Zip Code |
| | | Ham | la m m a mamba d 41 | • | | State | Zip Code | City State Zip Code |
| | | How | long employed ti | nere? <u>3 1/2 y</u> | ears | | _ | |
| ŀ | Part 2: Give D | etails About N | onthly Incom | е | | | | |
| | timate monthly inco | | | n. If you have not | ning to | report | for any line | , write \$0 in the space. Include your |
| • | ou or your non-filing s u need more space, a | • | | er, combine the inf | ormati | on for | all employe | rs for that person on the lines below. If |
| | | | | | | For D | ebtor 1 | For Debtor 2 or non-filing spouse |
| 2. | List monthly gros payroll deductions) would be. | | | | 2. | | \$3,506.64 | |
| 3. | Estimate and list i | monthly overtime | pay. | | 3. 🛊 | | \$0.00 | |
| 4. | Calculate gross in | come. Add line | 2 + line 3. | | 4. | | \$3,506.64 | |

| Deb | tor 1 | Tiffany L. Cairo | | Case nu | mbe | r (if known |) | | |
|-----|--------------------|--|----------------|----------------------|-------|--------------------------|---------|-----|-------------------------|
| | | | | For Debtor 1 | F | or Debtor on-filing s | 2 or | | |
| | Сор | y line 4 here | 4. | \$3,506.64 | | | | _ | |
| 5. | List | all payroll deductions: | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$469.64 | | | | | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$0.00 | | | | | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | <u>\$105.04</u> | | | | | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$0.00 | | | | | |
| | 5e. | Insurance | 5e. | <u>\$63.33</u> | | | | | |
| | 5f. | Domestic support obligations | 5f. | \$0.00 | | | | | |
| | 5g. | Union dues | 5g. | \$0.00 | | | | | |
| | 5h. | Other deductions. Specify: | _ 5h. - | \$0.00 | | | | | |
| 6. | Add 5g + | the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5h. | 6. | \$638.01 | | | | | |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$2,868.63 | | | | | |
| 8. | | all other income regularly received: | | | | | | | |
| | 8а. | Net income from rental property and from operating a business, profession, or farm | 8a. | \$0.00 | | | | | |
| | | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | | | | | | | |
| | 8b. | Interest and dividends | 8b. | \$0.00 | | | | | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive | 8c. | \$0.00 | | | | | |
| | | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | | | | | | |
| | 8d. | Unemployment compensation | 8d. | \$0.00 | | | | | |
| | 8e. | Social Security | 8e. | \$0.00 | | | | | |
| | 8f. | Other government assistance that you regularly receive | | | | | | | |
| | | Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | | | | | | | |
| | | Specify: | 8f. | \$0.00 | | | | | |
| | 8a | Pension or retirement income | - 8g. | \$0.00 | | | | | |
| | • | Other monthly income. | og. | | | | | | |
| | | Specify: Family assistance | 8h. 🖣 | \$250.00 | | | | | |
| 9. | Add | all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. | \$250.00 | | | | | |
| 10. | | culate monthly income. Add line 7 + line 9. | 10. | \$3,118.63 | + | | | = | \$3,118.63 |
| 11 | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. e all other regular contributions to the expenses that you list in S | chodi | ulo. I | _ | | | ٠ | |
| ••• | Inclu | ude contributions from an unmarried partner, members of your houselods or relatives. | | | ır ro | ommates, | and oth | ner | |
| | Do r | not include any amounts already included in lines 2-10 or amounts that | at are r | not available to pay | expe | enses liste | d in Sc | hed | ule J. |
| | Spe | cify: | | | | | 11. | + | \$0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. me. Write that amount on the Summary of Your Assets and Liabilities | | | | | 12. | | \$3,118.63 |
| 4- | | applies. | | | | | | | Combined monthly income |
| 13. | Do y ☑ | you expect an increase or decrease within the year after you file to No. | his fo | rm? | | | | — | |
| | | Yes. Explain: | | | | | | | |
| | | | | | | | | | |

| F | ill in this inforn | nation to ider | ntify your case: | | | Oh. | : £ 41. : . | - : | |
|------------|--|---|---|----------------|-----------------------------|--------|-------------|-----------------------------|----------------------------|
| | Debtor 1 | Tiffany | | Cairo | | l | ck if this | s is: ended filing | |
| | Debior 1 | First Name | Middle Name | Last Na | | | A supp | element showing | |
| | Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Na | ame | | | r 13 expenses a ng date: | s of the |
| | | | he: WESTERN DI | | | | NANA / E | ND / NO/O/ | <u> </u> |
| | Case number | ruptoy Court for t | | | 127010 | | MIM / L | DD / YYYY | |
| _ | (if known) | • | | | |] | | | |
| | fficial Form 10 | | | | | | | | |
| | chedule J: Yo | | | | | | | | 12/15 |
| cor nar | rect information. I | f more space is | sible. If two married needed, attach anotinswer every questionswerevery | ner sheet to t | | | | | |
| 1. | Is this a joint cas | | Scrioid | | | | | | |
| | ✓ No. Go to lin Yes. Does I No Ye | ne 2. Debtor 2 live in a s. Debtor 2 must | separate household | | s for Separate Housel | hold o | f Debtor | 2. | |
| 2. | Do you have dep | - | ☐ No ☑ Yes. Fill out this i | nformation | Dependent's relati | | p to | Dependent's | Does dependent |
| | Do not list Debtor Debtor 2. | 1 and | for each depende | | . Debtor 1 or Debtor Son | r 2 | | age 10 | live with you? No |
| | Do not state the d names. | ependents' | | | 3011 | | | | - ☑ Yes □ No - □ Yes |
| | | | | | | | | | No Yes |
| | | | | | | | | | Yes No |
| 3. | Do your expense expenses of peo yourself and you | ple other than | ✓ No ☐ Yes | | | | | | Yes |
| Р | art 2: Estima | ate Your Ong | oing Monthly Ex | penses | | | | | |
| to ı | | of a date after t | ankruptcy filing date the bankruptcy is file e. | - | _ | | | • | |
| | | | ash government assi on Schedule I: Your | | | | | Your expens | ses |
| 4. | | | kpenses for your res | | | | | 4. | \$1,196.00 |
| | If not included in | line 4: | | | | | | | |
| | 4a. Real estate t | axes | | | | | | 4a | |
| | 4b. Property, hor | meowner's, or rer | nter's insurance | | | | | 4b | \$26.00 |
| | 4c. Home mainte | enance, repair, ar | nd upkeep expenses | | | | | 4c | |
| | 4d. Homeowner's | s association or o | condominium dues | | | | | 4d. | |

Specify:

19. Other payments you make to support others who do not live with you.

19.

| Deb | tor 1 | Tiffany L. Cairo | Case number (if known |) |
|-----|-------|---|-----------------------|------------|
| 20. | | r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income. | | |
| | 20a. | Mortgages on other property | 20a. | |
| | 20b. | Real estate taxes | 20b. | |
| | 20c. | Property, homeowner's, or renter's insurance | 20c. | |
| | 20d. | Maintenance, repair, and upkeep expenses | 20d. | |
| | 20e. | Homeowner's association or condominium dues | 20e. | |
| 21. | Othe | r. Specify: | 21. + | |
| 22. | Calcu | ulate your monthly expenses. | _ | |
| | 22a. | Add lines 4 through 21. | 22a. | \$3,096.00 |
| | 22b. | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | . 22b. | |
| | 22c. | Add line 22a and 22b. The result is your monthly expenses. | 22c. | \$3,096.00 |
| 23. | Calcu | ulate your monthly net income. | | |
| | 23a. | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$3,118.63 |
| | 23b. | Copy your monthly expenses from line 22c above. | 23b. _ | \$3,096.00 |
| | 23c. | Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c. | \$22.63 |
| 24. | Do yo | ou expect an increase or decrease in your expenses within the year after yo | u file this form? | |
| | paym | xample, do you expect to finish paying for your car loan within the year or do you ent to increase or decrease because of a modification to the terms of your mortg | . , | |
| | | Yes. Explain here: | | |
| | _ | | | |
| | | | | |
| | | | | |

| Fill in this in | formation to i | dentify your case | | | |
|--|-----------------------|---|---|---|--------------------------------------|
| Debtor 1 | Tiffany First Name | L. Middle Name | Cairo Last Name | _ | |
| Debtor 2 | riistivaille | Middle Name | Last Name | | |
| (Spouse, if filing | g) First Name | Middle Name | Last Name | - | |
| United States Ba | ankruptcy Court fo | or the: WESTERN DIS | STRICT OF TEXAS | _ | |
| Case number (if known) | | | | | if this is an led filing |
| Official Forn | n 106Sum | | | | |
| Summary o | of Your Ass | ets and Liabilit | ies and Certain Sta | atistical Information | 12/15 |
| correct informati schedules after y | ion. Fill out all of | your schedules first; inal forms, you must f | then complete the informati | r, both are equally responsible to ion on this form. If you are filing the check the box at the top of this | ng amended |
| | | | | | Your assets Value of what you own |
| | B: Property (Official | • | | | \$0.00 |
| 1a. Copy lir | ne 55, Total real es | state, from Schedule A | /B | | |
| 1b. Copy lir | ne 62, Total persor | nal property, from Sche | edule A/B | | \$112,061.99 |
| 1c. Copy lir | ne 63, Total of all բ | property on Schedule A | /B | | \$112,061.99 |
| Part 2: Su | ummarize You | r Liabilities | | | |
| | | | | | Your liabilities Amount you owe |
| | | • | Property (Official Form 106D f claim, at the bottom of the la | o) est page of Part 1 of Schedule D | \$4,557.00 |
| | | | s (Official Form 106E/F) ured claims) from line 6e of So | chedule E/F | \$0.00 |
| 3b. Copy th | e total claims from | n Part 2 (nonpriority uns | secured claims) from line 6j of | f Schedule E/F | + \$97,925.58 |
| | | | | Your total liabilities | \$102,482.58 |
| Part 3: Su | ummarize You | r Income and Exp | enses | | |
| . Schedule I: | Your Income (Office | | 2.1.1.1 | | \$3,118.63 |
| Copy your co | ombined monthly i | ncome from line 12 of S | Schedule I | | |

| Deb | btor 1 Tiffany L. Cairo | Case number (if known) |
|-----|--|--|
| Р | Part 4: Answer These Questions for Administrative and | Statistical Records |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? | |
| | No. You have nothing to report on this part of the form. Check this✓ Yes | box and submit this form to the court with your other schedules. |
| 7. | What kind of debt do you have? | |
| | Your debts are primarily consumer debts. Consumer debts are to family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-5 | |
| | Your debts are not primarily consumer debts. You have nothing this form to the court with your other schedules. | to report on this part of the form. Check this box and submit |
| 8. | From the Statement of Your Current Monthly Income: Copy your total Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C- | · |
| 9. | Copy the following special categories of claims from Part 4, line 6 of | Schedule E/F: |
| | | Total claim |
| | From Part 4 on Schedule E/F, copy the following: | |
| | 9a. Domestic support obligations. (Copy line 6a.) | \$0.00 |
| | 9b Taxes and certain other debts you owe the government (Conv.line | 6b.) \$0.00 |

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

9d. Student loans. (Copy line 6f.)

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$0.00

\$0.00

\$0.00

\$39,417.00

\$39,417.00

| Fill in this info | ormation to ic | dentify your case | | | |
|------------------------|-----------------------|----------------------|---|------------------------|------------------------------------|
| Debtor 1 | Tiffany First Name | L. Middle Name | Cairo Last Name | _ | |
| Debtor 2 | | | | _ | |
| (Spouse, if filing) | | Middle Name | Last Name | | |
| United States Bar | nkruptcy Court for | the: WESTERN DIS | STRICT OF TEXAS | - | |
| Case number (if known) | | | | | Check if this is an amended filing |
| Official Form | 106Dec | | | _ | |
| Declaration | About an Ir | ndividual Debt | or's Schedules | | |
| If two married peo | ple are filing tog | ether, both are equa | ly responsible for supplying | g correct information. | |
| concealing proper | ty, or obtaining | money or property by | chedules or amended scheo y fraud in connection with a 18 U.S.C. §§ 152, 1341, 1519 | bankruptcy case can re | |
| | | | | | |

| Sign Below | |
|--|---|
| Did you pay or agree to pay someone w | ho is NOT an attorney to help you fill out bankruptcy forms? |
| ☑ No | |
| Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | |
| Under penalty of perjury, I declare that I true and correct. | have read the summary and schedules filed with this declaration and that they are |
| X /s/ Tiffany L. Cairo | x |
| Tiffany L. Cairo, Debtor 1 | Signature of Debtor 2 |
| Date <u>05/07/2019</u> | Date |
| MM / DD / YYYY | MM / DD / YYYY |

12/15

| Debtor 1 | Tiffany | L. | | Cairo | | | | |
|--|--|---|--|--|---|--------|------------------|-------------------------------------|
| | First Name | Middle Nam | е | Last Name | | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Nam | e | Last Name | | | | |
| , , | | | | NOT OF TE | /AC | | | |
| | nkruptcy Court fo | or the: WESTER | KN DISTR | RICT OF TE | KAS | | | |
| Case number if known) | | | | | _ | | Check if amended | |
| official Form | 107 | | | | | | | - |
| tatement o | f Financial | Affairs fo | r Indivi | iduals Fi | ling for Bank | ruptcv | | 04/19 |
| Dort 1. Cit | ro Dotoilo Ab | out Vour Mor | ital Ctat | luc and W/h | oro Vou Lived I | Doforo | | |
| What is your ☐ Married ☑ Not marri | current marital | status? | | | nere You Lived I | Before | | |
| What is your ☐ Married ☑ Not marri During the la | current marital ed st 3 years, have | status? you lived anyw | here othe | r than where | | | | |
| What is your ☐ Married ☑ Not marri During the la | current marital ed st 3 years, have | status? you lived anyw | here othe | e r than where s. Do not incl Debtor 1 | you live now? | | | Dates Debtor 2 lived there |
| What is your ☐ Married ☑ Not marri During the la ☐ No ☑ Yes. List | current marital ed st 3 years, have | status? you lived anyw | here othe ast 3 years Dates | e r than where s. Do not incl Debtor 1 | you live now? ude where you live r | now. | | |
| What is your Married Not marrie During the la No Yes. List Debtor 1: | current marital ed st 3 years, have all of the places | status? you lived anyw | here othe ast 3 years Dates | e r than where s. Do not incl Debtor 1 | you live now? ude where you live r Debtor 2: | now. | | lived there |
| What is your Married Not marrie During the la No Yes. List Debtor 1: | current marital ed st 3 years, have | status? you lived anyw | here othe ast 3 years Dates lived th | er than where s. Do not incl Debtor 1 here | you live now? ude where you live r Debtor 2: | now. | | lived there Same as Debtor 1 |
| What is your Married Not marrie During the la No Yes. List Debtor 1: | current marital ed st 3 years, have all of the places | status? you lived anyw | here othe ast 3 years Dates lived the | er than where s. Do not incl Debtor 1 here 2015 | you live now? ude where you live r Debtor 2: Same as Del | now. | | lived there Same as Debtor 1 From |
| What is your Married Not marrie During the la No Yes. List Debtor 1: | current marital ed st 3 years, have all of the places gail Drive #B Street | status? you lived anyw you lived in the l | here othe ast 3 years Dates lived the | er than where s. Do not incl Debtor 1 here 2015 | you live now? ude where you live r Debtor 2: Same as Del | now. | ZIP Code | lived there Same as Debtor 1 From |

| Debt | or 1 | Tiffany L. Cairo | | Case nur | mber (if known) | |
|-------|---|---|---|---|---|--|
| Pa | rt 2: | Explain the Sources of Y | our Income | | | |
| 4. | Fill in th | have any income from employne total amount of income you rece te filing a joint case and you have | ived from all jobs and all bu | ısinesses, including par | t-time activities. | lendar years? |
| | □ No ☑ Yes | . Fill in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions | Sources of income Check all that apply. | Gross income (before deductions and exclusions |
| | | ry 1 of the current year until | ✓ Wages, commissions, bonuses, tips | \$13,510.00 | Wages, commissions, bonuses, tips | |
| | | | Operating a business | | Operating a business | |
| | | calendar year: | ✓ Wages, commissions, bonuses, tips | \$41,502.20 | ☐ Wages, commissions, bonuses, tips | |
| (Janı | uary 1 to | December 31, <u>2018</u>) | Operating a business | | Operating a business | |
| | | ndar year before that: | Wages, commissions, bonuses, tips | \$39,958.00 | Wages, commissions, bonuses, tips | |
| (Janı | uary 1 to | December 31, <u>2017</u>) | Operating a business | | Operating a business | |
| | Include unemplo and gan Debtor | receive any other income durin income regardless of whether that byment; and other public benefit panbling and lottery winnings. If you I. | income is taxable. Examp ayments; pensions; rental ir are in a joint case and you | les of other income are ncome; interest; dividend have income that you re | ds; money collected from la eceived together, list it only | awsuits; royalties; |
| | □ No ☑ Yes | . Fill in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions | Sources of income Describe below. | Gross income from each source (before deductions and exclusions |
| | | ry 1 of the current year until filed for bankruptcy: | | | | |
| | | calendar year: December 31, 2018) | | | | |
| | | ndar year before that: December 31, 2017 | Child support | \$276.54 | | |

| Debtor | 1 | Tiffany L. | Cairo | | | | Case number (if kno | wn) |
|-----------------------|--|---|--------------------------------|---|---|--|--|--|
| Part | 3: | List Cer | tain Paym | nents You M | lade Before \ | ou Filed for Ba | nkruptcy | |
| 6. Aı | re eith | er Debtor 1 | 's or Debtor | 2's debts prin | narily consume | r debts? | | |
| |] No. | | | | - | mer debts. Consum | | d in 11 U.S.C. § 101(8) as |
| | | During th | e 90 days be | fore you filed for | or bankruptcy, di | d you pay any credit | or a total of \$6,825* | or more? |
| | | □ No. G | So to line 7. | | | | | |
| | | _ | total amount | you paid that o | reditor. Do not i | nclude payments for | nore in one or more r domestic support o attorney for this ban | bligations, such as |
| | | * Subject | to adjustme | nt on 4/01/22 a | nd every 3 years | after that for cases | filed on or after the | date of adjustment. |
| ✓ | Yes. | Debtor 1 | or Debtor 2 | or both have | primarily consu | mer debts. | | |
| | | During th | e 90 days be | fore you filed for | or bankruptcy, di | d you pay any credit | or a total of \$600 or | more? |
| | | □ No. G | So to line 7. | | | | | |
| | | | creditor. Do | not include pay | ments for dome | | re and the total amou ons, such as child su case. | |
| | | | | | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
| | | Auto Fina | ance | | _ | \$798.00 | \$4,557.00 | _ Mortgage |
| | 's name Dallas | Parkway | | | monthly | | | ☑ Car |
| Number | | | | | | | | ☐ Credit card ☐ Loan repayment |
| | | | | | | | | Suppliers or vendors |
| Plano | | | TX | 75093 | | | | Other |
| City | | | State | ZIP Code | | | | |
| In. co ag su | s <i>ider</i> s orporat gent, in | include you ions of whic icluding one | r relatives; a h you are an | ny general part officer, directo ss you operate | ners; relatives of r, person in cont | f any general partne rol, or owner of 20% | rs; partnerships of w or more of their voti | e who was an insider? hich you are a general partner; ng securities; and any managing s for domestic support obligations |
| | | List all pay | ments to an | insider. | | | | |

| Deb | tor 1 | Tiffany L. Cairo Case number (if known) |
|-----|----------------------|--|
| 8. | | 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that ed an insider? |
| | Include | payments on debts guaranteed or cosigned by an insider. |
| | ✓ No ☐ Yes | s. List all payments that benefited an insider. |
| | | |
| Pa | art 4: | Identify Legal Actions, Repossessions, and Foreclosures |
| 9. | List all s | 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody ations, and contract disputes. |
| | ✓ No ☐ Yes | s. Fill in the details. |
| 10. | seized, | 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, or levied? all that apply and fill in the details below. |
| | | Go to line 11. 5. Fill in the information below. |
| 11. | | 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any its from your accounts or refuse to make a payment because you owed a debt? |
| | ✓ No ☐ Yes | s. Fill in the details. |
| 12. | | 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of rs, a court-appointed receiver, a custodian, or another official? |
| | ✓ No ☐ Yes | |
| Pa | art 5: | List Certain Gifts and Contributions |
| 13. | Within 2 | 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? |
| | ✓ No ☐ Yes | s. Fill in the details for each gift. |
| 14. | Within 2 to any o | 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 charity? |
| | ✓ No ☐ Yes | s. Fill in the details for each gift or contribution. |

| Debtor 1 | Tiffany L. Cair | ro | Case | e number (if kr | nown) | |
|---------------------------------|--|--------------------|---|-----------------|---|-------------------|
| Part 6: | List Certain | Losses | | | | |
| | in 1 year before yo r disaster, or gamb | | uptcy or since you filed for bankruptcy, did | you lose anyt | thing because of th | neft, fire, |
| | No Yes. Fill in the detail | ls. | | | | |
| Part 7: | List Certain | n Payments o | r Transfers | | | |
| anyo | one you consulted a | about seeking b | uptcy, did you or anyone else acting on you ankruptcy or preparing a bankruptcy petition | n? | | |
| | | ankruptcy petition | preparers, or credit counseling agencies for se | ervices require | ed for your bankrupt | cy. |
| | No Yes. Fill in the detail | ls. | | | | |
| Hickson Person Who | Law P.C o Was Paid | | Description and value of any property tra | ansferred | Date payment or transfer was made | Amount of payment |
| 4833 Spicewood Springs Rd. #200 | | Rd. #200 | _ | | 03/26/2019 | \$1,000.00 |
| Number | Street | | | | | |
| Austin | TX Sta | | _ | | | |
| City | ડાવ on@hicksonlawp | | | | | |
| | ebsite address | 0.00111 | _ | | | |
| Person Who | o Made the Payment, if | Not You | _ | | | |
| CC Advis | | | Description and value of any property tra | ansferred | Date payment or transfer was made | Amount of payment |
| | | | _ | | 3/26/2019 | \$9.76 |
| Number | Street | | _ | | | |
| | | | _ | | | |
| City | Sta | | | | | |
| | on@hicksonlawp bsite address | c.com | _ | | | |
| Person Who | o Made the Payment, if | Not You | _ | | | |

| Deb | tor 1 | Tiffany L. Cairo | Case number (if known) |
|-----|---------------|--|---|
| 17. | anyone | 1 year before you filed for bankruptcy, did you or anyone else acting or who promised to help you deal with your creditors or to make payment | |
| | Do not i | include any payment or transfer that you listed on line 16. | |
| | ✓ No ☐ Yes | s. Fill in the details. | |
| 18. | | 2 years before you filed for bankruptcy, did you sell, trade, or otherwis by transferred in the ordinary course of your business or financial affair | |
| | | both outright transfers and transfers made as security (such as granting of include gifts and transfers that you have already listed on this statement. | a security interest or mortgage on your property). |
| | ✓ No ☐ Yes | s. Fill in the details. | |
| 19. | | 10 years before you filed for bankruptcy, did you transfer any property a beneficiary? (These are often called asset-protection devices.) | to a self-settled trust or similar device of which |
| | ✓ No ☐ Yes | s. Fill in the details. | |
| Pá | art 8: | List Certain Financial Accounts, Instruments, Safe Depo | osit Boxes, and Storage Units |
| 20. | | 1 year before you filed for bankruptcy, were any financial accounts or i , closed, sold, moved, or transferred? | nstruments held in your name, or for your |
| | | checking, savings, money market, or other financial accounts; certificates of pension funds, cooperatives, associations, and other financial institutions. | of deposit; shares in banks, credit unions, brokerage |
| | ✓ No ☐ Yes | s. Fill in the details. | |
| 21. | - | now have, or did you have within 1 year before you filed for bankruptourities, cash, or other valuables? | y, any safe deposit box or other depository |
| | ✓ No ☐ Yes | s. Fill in the details. | |
| 22. | Have yo | ou stored property in a storage unit or place other than your home with | in 1 year before you filed for bankruptcy? |
| | ✓ No | s. Fill in the details. | |
| Pa | art 9: | Identify Property You Hold or Control for Someone Else | |
| 23. | • | hold or control any property that someone else owns? Include any pr in trust for someone. | operty you borrowed from, are storing for, |
| | ✓ No ☐ Yes | s. Fill in the details. | |

| Del | btor 1 | Tiffany L. Cairo Case number (if known) |
|-----|-----------------|--|
| P | Part 10: | Give Details About Environmental Information |
| Foi | r the purp | oose of Part 10, the following definitions apply: |
| | hazardou | mental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of is or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, is statutes or regulations controlling the cleanup of these substances, wastes, or material. |
| | | ns any location, facility, or property as defined under any environmental law, whether you now own, operate, or or used to own, operate, or utilize it, including disposal sites. |
| | | us material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic se, hazardous material, pollutant, contaminant, or similar item. |
| Re | port all n | otices, releases, and proceedings that you know about, regardless of when they occurred. |
| 24. | Has any law? | y governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental |
| | ✓ No | s. Fill in the details. |
| 25. | ☑ No | ou notified any governmental unit of any release of hazardous material? 5. Fill in the details. |
| 26. | Have yo orders. | ou been a party in any judicial or administrative proceeding under any environmental law? Include settlements and |
| | ✓ No ☐ Yes | s. Fill in the details. |
| P | art 11: | Give Details About Your Business or Connections to Any Business |
| 27. | Within 4 | 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any |
| | | A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation |
| | | None of the above applies. Go to Part 12. Check all that apply above and fill in the details below for each business. |
| 28. | | 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include ncial institutions, creditors, or other parties. |
| | □ No | s. Fill in the details below. |

| Debtor 1 | Tiffany L. Cairo | Case number (if known) |
|-------------------|---|--|
| Part 12: | Sign Below | |
| that answer | rs are true and correct. I understa | Financial Affairs and any attachments, and I declare under penalty of perjury and that making a false statement, concealing property, or obtaining money or ptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, |
| | nny L. Cairo Cairo, Debtor 1 05/07/2019 | X Signature of Debtor 2 Date |
| Did you atta | ach additional pages to Your State | nent of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| ✓ No ☐ Yes | | |
| Did you pay | y or agree to pay someone who is | not an attorney to help you fill out bankruptcy forms? |
| ✓ No ☐ Yes. No | ame of person | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

| Fill in this inf | ormation to i | dentify your case: | | | | |
|---|---------------------------------------|--|-----------------|---|---|---|
| Debtor 1 | Tiffany | L. | Cair | | | |
| | First Name | Middle Name | Last N | ame | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last N | ame | | |
| | | | | | | |
| United States Bar | nkruptcy Court fo | or the: WESTERN DIS | TRICT C | F TEXAS | | |
| Case number (if known) | | | | | | ☐ Check if this is an amended filing |
| Official Form | 108 | | | | | |
| Statement o | f Intention | for Individuals | Filing | Under Chapt | er 7 | 12/15 |
| | | | | • | | |
| If you are an indiv | ridual filing unde | er chapter 7, you must | fill out th | is form if: | | |
| ■ creditors have | claims secured | by your property, or | | | | |
| ■ you have lease | ed personal prop | perty and the lease has | s not expi | red. | | |
| of creditors, which and lessors you li | hever is earlier, ist on the form. | ourt within 30 days aft unless the court exter | nds the tir | ne for cause. You n | nust also send copie | es to the creditors |
| Both debtors mus | et sign and date | gether in a joint case, the form. possible. If more space and case number (if | e is need | | | |
| Part 1: Lis | t Your Credit | ors Who Hold Sec | ured CI | aims | | |
| | itors that you lis | ted in Part 1 of <i>Sched</i> | lule D: Cr | editors Who Hold Cl | aims Secured by Pro | operty (Official Form 106D), |
| Identify the c | reditor and the | property that is collate | eral | What do you intended property that secu | | Did you claim the property as exempt on Schedule C? |
| Creditor's name: | Capital One | Auto Finance | | Surrender the Retain the prop | property. perty and redeem it. | □ No □ Yes |
| Description of property securing debt | miles) | ai Sonata (approx. ′ | 135,000 | Reaffirmation | perty and enter into a Agreement. Derty and [explain]: | |
| Part 2: Lis | t Your Unexp | oired Personal Pro | perty Le | eases | | |
| fill in the informat | ion below. Do r | - | es. <i>Unex</i> | oired leases are leas | ses that are still in ef | pired Leases (Official Form 106G), fect; the lease period has not U.S.C. § 365(p)(2). |
| Doscribo vou | ır unavnirad nar | sonal property leases | | | | Will this lease he assumed? |

None.

| Debtor 1 | Tiffany L. Cairo | Case number (if known) |
|----------|---|---|
| Part 3: | Sign Below | |
| | penalty of perjury, I declare that al property that is subject to an | have indicated my intention about any property of my estate that secures a debt and |
| | any L. Cairo | X |
| Tiffany | L. Cairo, Debtor 1 | Signature of Debtor 2 |
| Date (| 05/07/2019 | Date |
| 1 | MM / DD / YYYY | MM / DD / YYYY |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts.
 Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liquidation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| + | \$75 | filing fee administrative fee trustee surcharge |
|---|-------|---|
| , | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans:
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form-sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| + | | filing fee administrative fee |
|---|---------|----------------------------------|
| | \$1,717 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| + | | filing fee administrative fee |
|---|-------|----------------------------------|
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| + | | filing fee administrative fee |
|---|-------|----------------------------------|
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers.
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to:

 $\frac{http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/Bankruptcy/Resources/ApprovedCreditAndDebtCounselors.aspx.}{}$

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF TEXAS AUSTIN DIVISION

| n r | n re littany L. Cairo | Case No. | |
|-----|---|------------------|----------------------------------|
| | | Chapter | 7 |
| | DISCLOSURE OF COMPENSATION OF ATTO | RNEY FO | R DEBTOR |
| | . Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am th that compensation paid to me within one year before the filing of the petition in be services rendered or to be rendered on behalf of the debtor(s) in contemplation is as follows: | oankruptcy, o | agreed to be paid to me, for |
| | For legal services, I have agreed to accept | | \$1,350.00 |
| | Prior to the filing of this statement I have received | | \$665.00 |
| | Balance Due | | \$685.00 |
| 2. | The source of the compensation paid to me was:☑ Debtor ☐ Other (specify) | | |
| 3. | The source of compensation to be paid to me is: | | |
| | ✓ Debtor | | |
| 4. | I have not agreed to share the above-disclosed compensation with any oth associates of my law firm. | er person unl | ess they are members and |
| | ☐ I have agreed to share the above-disclosed compensation with another per associates of my law firm. A copy of the agreement, together with a list of the compensation, is attached. | | |
| 5. | i. In return for the above-disclosed fee, I have agreed to render legal service for a | all aspects of t | he bankruptcy case, including: |
| | a. Analysis of the debtor's financial situation, and rendering advice to the debto bankruptcy; | or in determini | ng whether to file a petition in |
| | b. Preparation and filing of any petition, schedules, statements of affairs and pla | an which may | be required; |
| | c. Representation of the debtor at the meeting of creditors and confirmation hea | aring, and an | y adjourned hearings thereof; |

- 6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:
 - Defending Motions to Lift Stay (\$250.00)
 - Responding to Motions to Dismiss (\$275.00)
 - Adding creditors after the initial filing (\$75.00)
 - Motions to Avoid non-purchase money liens or judicial liens on homestead (\$250.00)
 - Motions to Sell Property (\$400.00), with a motion to expedite hearing (\$200.00 more)
 - Notice of reset creditors meeting (\$150.00)
 - Post-Confirmation Plan Modifications (\$450.00)
 - Application to Incur Debt (\$200.00)
 - Application for Tax Refund (\$450.00)
 - Motion for a 30 or 60 day moratorium (\$200.00)
 - Adversary Proceeding (\$275.00 hourly)
 - Motions to vacate or amend an order (\$250.00)
 - Motions to Reinstate Dismissed Case (\$400.00), with a motion to expedite hearing (\$200.00 more)
 - Motion to Pay Off Early (\$400.00)
 - Voluntary Motion to Dismiss (\$250.00)
 - -Motion to Lift Stay (Divorce) (\$300.00)
 - -Returned check (\$30.00)
 - -Defending Default Letters (\$175.00) and hour
 - -Request for title (\$125.00)
 - -Additional copies of bankruptcy petition \$25.00
 - -Request for stored file (\$75.00)
 - -Copy of discharge letter (\$10.00)
 - -Motion for Loan Modification Approval (\$450.00), with a motion to expedite hearing (\$250.00)

Litigation of discharge or exemption issues - \$275.00 hourly rate with periodic billing.

The contract for bankruptcy services does not include filing or defending an adversary compliant nor an agreement to initiate or defend any litigation on the behalf of the debtor(s) in state court nor in bankrupcty court. If a complaint is filed we will negotiate our representation and our fee at that time.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for

representation of the debtor(s) in this bankruptcy proceeding. 05/07/2019 /s/ Elizabeth Hickson Elizabeth Hickson Date Bar No. 09586000 Hickson Law P.C. 4833 Spicewood Springs Rd Austin, TX 78759 Phone: (512) 346-8597 / Fax: (512) 346-2047

/s/ Tiffany L. Cairo

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF TEXAS AUSTIN DIVISION

IN RE: Tiffany L. Cairo CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

| | The above named Debtor hereby verifies that the | e attached i | llist of creditors is true and correct to the best of his/her | |
|--------|---|--------------|---|--|
| knowl | edge. | | | |
| | ŭ | | | |
| | | | | |
| | | | | |
| | | | | |
| Date | 5/7/2019 | Signature | e /s/ Tiffany L. Cairo | |
| Dato . | | | Tiffany L. Cairo | |
| | | | • | |
| | | | | |
| | | | | |

AMCA Collections 4 Westchester Plaza #110 Elmsford, NY 10523

Austin Diagnostic Medical Clinic 12221 North Mopac Expressway Austin, TX 78758

Austin Radiological Assoc. PO Box 4099 Austin, TX 78765

Austin Regional Clinic PO Box 26726 Austin, TX 78755-0726

Bank of America PO Box 851001 Dallas, TX 75285-1001

Barclaycard PO Box 60517 City of Industry, CA 91716

Best Buy PO Box 78009 Phoenix, AZ 85062-8009

Capital One Auto Finance 3901 Dallas Parkway Plano, TX 75093

Chase PO Box 6294 Carol Stream, IL 60197-6294 Citi P.O. Box 6500 Sioux Falls, SD 57117

Clinical Pathology Assc. P.O. Box 141699 Austin, TX 78714-1699

Comenity - Wayfair PO Box 659617 San Antonio, TX 78265-9617

Credit Management LP 4200 International Parkway Carrollton, TX 75007-1930

Discover Card PO Box 790213 St. Louis, MO 63179-0213

FedLoan Servicing PO Box 69184 Harrisburg, PA 17106

Harris & Harris, Ltd. 111 West Jackson Blvd. #400 Chicago, IL 60604-4135

Hickson Law P.C 4833 Spicewood Springs Rd. #200 Austin, TX 78759

Navy Federal Credit Union PO Box 3000 Merrifield, VA 22119-3000 Navy Federal Credit Union PO Box 3500 Merrifield, VA 22119-2500

Sears PO Box 6282 Sioux Falls, SD 57117

Synchrony Bank/Home Design PO Box 960061 Orlando, FL 32896-0061

Synchrony Bank/JC Penney PO Box 960090 Orlando, FL 32896-0090

Synchrony Bank/Rooms to Go PO Box 960061 Orlando, FL 32896-0061

Synchrony Bank/Walmart PO Box 960024 Orlando, FL 32896-0024

Synerprise Consulting Service, Inc 2809 Regal Road #107 Plano, TX 75075

Texas Childrens Physician Services PO Box 4984 Houston, TX 77210

Texas Health and Human Services Commissi P.O. Box 149055 Austin, TX 78714 USAA Credit Card Bank 10750 McDermott Fwy. San Antonio, TX 78288-1600

| | | | | | _ | | | |
|---|--|---|--|--|---|---|----------------------------------|--|
| G | ill in this inf | ormation to i | dentify your case: | | | e box only as directin Form 122A-1Su | | |
| D | ebtor 1 | Tiffany First Name | L. Middle Name | Cairo Last Name | _ | no presumption of abus | | |
| | ebtor 2 Spouse, if filing) | | Middle Name | Last Name | 2. The calc | ulation to determine if a applies will be made u | presumption | |
| | | | or the: WESTERN DIS | | | est Calculation (Official | | |
| C | ase number f known) | | Tule. WESTERN DIS | TRICT OF TEXAS | | ns Test does not apply ed military service but i | | |
| | | | | | Check if t | his is an amended filing | } | |
| <u>O</u> 1 | fficial Form | 122A-1 | | | | | | |
| CI | napter 7 S | tatement o | f Your Current | Monthly Income | | | 12/15 | |
| info are mil 122 | ormation applic exempted fror itary service, c 2A-1Supp) with | es. On the top on a presumption complete and file this form. | f any additional pages n of abuse because you | neet to this form. Include the service, write your name and case u do not have primarily consion from Presumption of Ab | number (if knowr sumer debts or be | n). If you believe that yecause of qualifying | you | |
| 1. | What is your | marital and filin | g status? Check one o | anly | | | | |
| ٠. | | | | nny. | | | | |
| | | | umn A, lines 2-11. | | | | | |
| | _ | | | Il out both Columns A and B, | | | | |
| Married and your spouse is NOT filing with you. You and your spouse are: | | | | | | | | |
| Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11. | | | | | | | | |
| Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. B declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy and your spouse are living apart for reasons that do not include evading the Means Test requirements | | | | | | ankruptcy law that appli | aw that applies or that you | |
| | bankruptcy c August 31. If in the result. | the amount of your point of the amount of your point include an arms. | § 101(10A). For examp our monthly income varie ny income amount more | ed from all sources, derived ole, if you are filing on Septem ed during the 6 months, add to than once. For example, if b nave nothing to report for any | ber 15, the 6-month he income for all 6 oth spouses own t | th period would be Mard months and divide the he same rental property | ch 1 through total by 6. Fill | |
| | | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | | |
| 2. | _ | vages, salary, tip vroll deductions). | os, bonuses, overtime, | , and commissions | \$3,647.60 | | | |
| 3. | Alimony and if Column B is | • | yments. Do not includ | le payments from a spouse | \$0.00 | | | |
| 4. | expenses of regular contributions your depende | you or your depoutions from an unts, parents, and | | ild support. Include | \$0.00 | | | |

Column A

Debtor 1

Column B

Debtor 2 or
non-filing spouse

5. Net income from operating a business, profession, or farm

| | Debtor 1 | Debtor 2 | | | |
|---|----------|----------|---------|--------|--|
| Gross receipts (before all deductions) | \$0.00 | | - | | |
| Ordinary and necessary operating – expenses | \$0.00 | | - Сору | | |
| Net monthly income from a business, | \$0.00 | | here -> | \$0.00 | |

6. Net income from rental and other real property

| | Debtor 1 | Debtor 2 | | | |
|---|----------|----------|--------|--------|--|
| Gross receipts (before all deductions) | \$0.00 | | | | |
| Ordinary and necessary operating expenses | \$0.00 | | . Сору | | |
| Net monthly income from rental or other real property | \$0.00 | | | \$0.00 | |

7. Interest, dividends, and royalties

\$0.00

3. Unemployment compensation

was a benefit under the Social Security Act.

\$0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

| For you | |
|---|--------|
| For your spouse | |
| Pension or retirement income. Do not include any amount received that | \$0.00 |

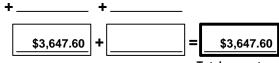
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity,

or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

Total amounts from separate pages, if any.

11. Calculate your total current monthly income.
Add lines 2 through 10 for each column.

Then add the total for Column A to the total for Column B.



Total current monthly income

| Deb | tor 1 | Tiffany L. Cairo | | Case number (if known) | | |
|--|---------|---|----------------------------------|--|-------------|--|
| P | art 2: | Determine Whether the Means 1 | Test Applies to You | | | |
| 12. | Calcu | ulate your current monthly income for the y | ear. Follow these steps: | | | |
| | 12a. | Copy your total current monthly income from | line 11 | Copy line 11 here -> 12a. | \$3,647.60 | |
| | | Multiply by 12 (the number of months in a year | ar). | | X 12 | |
| | 12b. | The result is your annual income for this part | of the form. | 12b. | \$43,771.20 | |
| 13. | Calcu | ulate the median family income that applies | to you. Follow these steps: | | | |
| | Fill in | the state in which you live. | Texas | | | |
| | Fill in | the number of people in your household. | 2 | | | |
| | Fill in | the median family income for your state and s | size of household | 13. | \$65,429.00 | |
| To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. | | | | | | |
| 1.1 | | · | , , | | | |
| 14a. How do the lines compare? 14a. Image: Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. | | | | | | |
| | 14a. | Go to Part 3. | On the top of page 1, check b | ox 1, There is no presumption of abuse. | | |
| | 14b. | Line 12b is more than line 13. On the to Go to Part 3 and fill out Form 122A-2. | op of page 1, check box 2, The | presumption of abuse is determined by F | orm 122A-2. | |
| | | _ | | | | |
| P | art 3: | Sign Below | | | | |
| | Bys | signing here, I declare under penalty of perjury | that the information on this sta | tement and in any attachments is true an | d correct. | |
| | | | | | | |
| | | /s/ Tiffany L. Cairo Tiffany L. Cairo, Debtor 1 | X | ture of Debtor 2 | | |
| | | Tiliany L. Callo, Debtor 1 | Signa | lure of Deptor 2 | | |
| | I | Date 5/7/2019 | Date | | | |
| | | MM / DD / YYYY | - | MM / DD / YYYY | | |
| | If vc | ou checked line 14a, do NOT fill out or file For | n 122A-2 | | | |

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.